

NAVRESREDCOMREGTHIRTEENINST 6000.1D

Code N911

29 Sep 00

NAVRESREDCOMREGTHIRTEEN INSTRUCTION 6000.1D

Subj: MEDICAL DEPARTMENT PROCEDURAL GUIDE

Ref: (a) Title 10 U.S.C.
(b) Manual of the Judge Advocate General (JAGMAN)
(c) SECNAVINST 1770.3
(d) SECNAVINST 5211.5D
(e) SECNAVINST 5212.5D
(f) OPNAVINST 1500.22D
(g) OPNAVINST 1770.1
(h) OPNAVINST 4630.9C
(i) OPNAVINST 5100.23D
(j) OPNAVINST 5102.1C
(k) OPNAVINST 6110.1E
(l) BUPERSINST 1001.39C
(m) NAVPERS 15560A (Naval Military Personnel Manual)
(n) NAVMEDCOMINST 5360.1
(o) NAVMEDCOMINST 6230.3 (NOTAL)
(p) BUMEDINST 6320.72
(q) NAVMEDCOMINST 6320.3B
(r) NAVMEDCOMINST 6320.18
(s) NAVMEDCOMINST 6820.1
(t) NAVMED P-117 (Manual of the Medical Department)
(u) NAVMED P-5010 (Manual of Naval Preventive Medicine)
(v) COMNAVRESFORINST 5040.6D

1. Purpose. To promulgate a standard Medical Department Procedural Guide for Naval Reserve activities within REDCOM 13.

2. Cancellation. NAVRESREDCOMREGTHIRTEENINST 6000.1C.

3. Background. In view of the scope of responsibility commensurate with the functions of a Naval Reserve Center Medical Department Representative (MDR), a revised REDCOM 13 Medical Department Procedural Guide has been prepared to assist MDRs in discharging their duties and responsibilities.

4. Action. Reserve center commanding officers and MDRs will ensure strict compliance with the contents of this instruction and utilize it as a ready reference in the performance of their duties.

/s/
L. J. LANG
Deputy

(see distribution on next page)

NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

Distribution:

NAVRESREDCOMREGTHIRTEENINST 5605.1U

List D (Reserve Centers)

NRC Duluth

NMCRC Green Bay

NRC LaCrosse

NMCRC Madison

NRF Marquette

NMCRC Milwaukee

NMCRC St. Paul

Stocked at:

NAVRESREDCOMREGTHIRTEEN, Great Lakes

TABLE OF CONTENTS

	<u>Page</u>
CHAPTER I - Duties and Functional Responsibilities	
101. Organizational Relationships	I-1
102. Assumption of Duties	I-1
103. Limitations	I-1
104. Primary Function	I-1
105. Duties and Responsibilities	I-2
CHAPTER II - Administration	
201. Medical Reference Texts	II-1
202. Required Naval Directives	II-1
203. Correspondence	II-4
204. Other Administrative Functions	II-4
205. Records Disposal	II-4
CHAPTER III - Health and Dental Record Maintenance	
301. Security and Maintenance	III-1
302. Verification	III-1
303. Unidentified, Lost, Damaged or Destroyed Records	III-1
304. Preparation of Forms	III-2
305. Release of Information	III-2
306. Health Record Receipt, File and Disposition	III-2
CHAPTER IV - Inspection/Visit Program	
401. Purpose	IV-1
402. Policy	IV-1
403. Inspection Guide	IV-1
404. Grading	IV-1
405. Special Interest Items	IV-1
CHAPTER V - Line of Duty Investigations	
501. General	V-1
502. When Determinations are Required	V-1
503. Line of Duty	V-1
504. Misconduct	V-1
505. Possible Findings/Opinions	V-2
506. Entries in Health or Dental Records	V-2

	<u>Page</u>
CHAPTER VI - Physical Disability	
601. Eligibility	VI-1
602. Injury/Illness/Disease Reporting Procedures	VI-1
603. Notice of Eligibility (NOE) Receipt/Follow-up	VI-4
604. NOE Benefits	VI-4
605. Not Physically Qualified(NPQ)/Temporarily NPQ(TNPQ) Procedures	VI-4
606. Psychiatric Conditions and Personality Disorders	VI-8
CHAPTER VII - Non-Naval Medical/Dental Care	
701. General	VII-1
702. Medical Emergencies	VII-1
703. Routine Medical Care	VII-1
704. Follow-up Medical Care	VII-1
705. Instructions for Requesting Prior Approval Of Non-Naval Medical/Maternity Care	VII-2
706. Prescriptions	VII-2
707. Dental Emergencies	VII-2
708. Routine Dental Care	VII-3
709. Submission and Payment of Claims	VII-4
CHAPTER VIII - Active Duty Emergency Civilian Hospitalization	
801. General	VIII-1
802. Reporting Instructions	VIII-2
803. Progress Reports	VIII-2
804. Medical Evacuation	VIII-2
805. Decedent Affairs	VIII-2
CHAPTER IX - Physical Examinations	
901. General	IX-1
902. Physical Examination Periodicity	IX-2
903. Physical Examinations Incident to Annual Training (AT)	IX-2
904. Health and Physical Readiness Program	IX-3
905. Ophthalmic Services	IX-3
CHAPTER X - Immunizations	
1001. General	X-1
1002. Responsibility	X-1

	<u>Page</u>
CHAPTER XI - Sanitation and Habitability	
1101. General	XI-1
1102. Guidance	XI-1
1103. Inspection Scope	XI-1
1104. Occupational Safety	XI-2
CHAPTER XII - Mobilization	
1201. General	XII-1
CHAPTER XIII - Training	
1301. Medical Lectures	XIII-1
1302. Inservice Training	XIII-1
CHAPTER XIV - TRICARE	
1401. General	XIV-1
1402. Options	
1402. Participating and Non-Participating Providers	XIV-1

CHAPTER I
DUTIES AND FUNCTIONAL RESPONSIBILITIES

Ref: (1) BUPERSINST 1001.39C
(q) NAVMEDCOMINST 6320.3B

101. **ORGANIZATIONAL RELATIONSHIPS.** All Hospital Corpsmen serving independently of a medical officer will have the title "Medical Department Representative" (MDR). The MDR serves as a representative of the Surgeon General in all medical functions at the reserve activity and is directly responsible to the reserve center commanding officer for the health of assigned personnel; safety and sanitation of the command; care of the sick and injured; procurement, storage, and custody of all medical department property; preparation of required medical reports; and maintenance of health and dental records. For professional medical matters, the MDR reports directly to the commanding officer who retains authority and final responsibility to establish local medical policies, acts on medical matters or recommendations, and approves the transfer of personnel for medical reasons.

102. **ASSUMPTION OF DUTIES.** Within thirty (30) days after reporting for duty, the MDR shall conduct a medical and administrative inspection of all medical spaces, records, supplies, and equipment. Additionally, a thorough sanitation and habitability inspection shall be made. All of the above shall, where possible, be performed with the MDR being relieved. A letter report citing all deficiencies found shall be forwarded to the reserve center commanding officer with a copy to the REDCOM 13 (Code N911). Depending upon the nature and the number of deficiencies noted, the commanding officer shall take such action as deemed appropriate.

103. **LIMITATIONS.** The MDR shall not attempt to perform any medical or surgical procedures for which he/she is not professionally qualified. Additionally, the reserve center itself is limited as a place in which the MDR can provide services. Since the medical department of a reserve center is not considered a Medical Treatment Facility (MTF), no treatments are authorized other than those required to save life and limb.

104. **PRIMARY FUNCTION.** The primary function of the reserve activity medical department is to provide physical examinations and maintain all health and dental records for active duty and Selected Reserve (SELRES) personnel assigned to the reserve center. In addition, the MDR conducts formal monthly sanitation inspections and advises the reserve center commanding officer on all medical matters. The MDR will supervise, assign and assist

in the training and performance review of those military (active/inactive) members assigned to the medical department.

105. **DUTIES AND RESPONSIBILITIES.** Specific duties and responsibilities relating to this assignment are to:

1. Administer first aid as necessary.
2. Assist medical officers in conducting physical examinations and administer and/or supervise the drawing of blood for Blood Typing, G6PD/Sickle Cell and HIV testing.
3. Maintain liaison with Medical and Judge Advocate General (JAG) Program Officers at REDCOM 13 regarding medical matters, decedent affairs, line of duty, and third party investigations.
4. Have knowledge of TRICARE benefits and the nearest Health Benefits Advisor for dependent and active duty consultations.
5. Maintain health records on all active duty and reserve personnel assigned to the reserve center.
6. Maintain all publications and directives which pertain to medical matters in the medical department spaces, utilizing automated information systems (i.e. internet, command servers, etc).
7. Maintain correspondence files in accordance with the Navy's Standard Subject Identification Code (SSIC) filing system.
8. Maintain files on all "not physically qualified" (NPQ) cases.
9. Prepare and maintain reports and records associated with medical department matters.
10. Maintain workload statistics on number of personnel reporting for physical examinations, laboratory test performed, and blood drawn (HIV, G6PD/SC and blood typing).
11. Assist the commanding officer, when requested, in line of duty and third party investigations.
12. Conduct or supervise the reserve activity's training program in health, hygiene, first aid and medical related General Military Training courses.
13. Assist the reserve medical unit training officer, where applicable, in the training, administration and interviewing of

Selected Reservists who have expressed an interest in the Hospital Corpsman rating.

14. Promulgate to the reserve medical personnel all pertinent/current medical and health services information.

15. Ensure medical and dental equipment is in working order and security is provided for such equipment. Conduct a semi-annual inventory of all medical department property and ensure complete PMS is performed on medical equipment as required.

16. Advise the commanding officer on the sanitation of the reserve activity.

17. Make informal weekly inspections of all work spaces, galleys, and washrooms to ensure that sanitary measures are being enforced. A formal inspection report will be prepared and sent to the commanding officer monthly.

18. Review health records prior to the command's Physical Readiness Testing (PRT) and ensure that the PRT Coordinators are CPR certified.

19. Familiarize and maintain a working knowledge of all applicable directives, publications, instructions, and notices relating to medical department functions and health services information.

20. Follow procedures set forth in reference (q) for personnel admitted to naval medical treatment facilities.

NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

CHAPTER II
ADMINISTRATION

Ref: (e) SECNAVINST 5212.5C
(s) NAVMEDCOMINST 6820.1

201. **MEDICAL REFERENCE TEXTS.** Medical department reference texts, publications and directives are a necessity for proper guidance of the MDR. Reserve centers will maintain a medical library reference in accordance with reference (s).

202. **REQUIRED NAVAL DIRECTIVES.** The following list, as a minimum, shall be accessible by the MDR.

OPNAVINST Series

4630.9 Series	Worldwide Aeromedical Evacuation
5100.23 Series	Navy Occupational Safety and Health (NAVOSH) Program
5102.1 Series	Mishap Investigation and Reporting
5350.4 Series	Alcohol and Drug Abuse Prevention and Control
6000.1 Series	Management of Pregnant Service Women
6110.1 Series	Physical Readiness Program

BUPERSINST Series

1001.39 Series	Administrative Procedures for Naval Reservists on Inactive Duty
----------------	---

SECNAVINST Series

1770.3 Series	Disability and Death Benefits for Navy and Marine Corps Reservists.
5100.10 Series	Implementation of Department of the Navy Safety and Occupational Health Policy
5211.5 Series	Personal Privacy and Rights of Individuals Regarding Records Pertaining to Themselves

II-1

NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

5300.30 Series Management of Human Immunodeficiency Virus (HIV)
Infection in the Navy and Marine Corps

BUMEDINST Series

6300.2 Series Microcomputer Worldwide Out-Patient Reporting
System

6330.1 Series Immunization Requirements and Procedures

6320.72 Series Non Naval Medical and Dental Care Input

NAVMEDCOMINST Series

NAVMED P-117 The Manual of The Medical Department

5360.1 Series Decedent Affairs Manual

6230.3 Series Immunizations and Chemoprophylaxis

6810.1 Series Ophthalmic Services

6820.1 Series Professional Medical Reference Materials and
Publications

COMNAVRESFORINST Series

1001.5 Series and	Administrative Procedures for Selected Reserve Drilling Reserve Members of the Individual Ready Reserve
1650.5 Series	RADM J. H. Vaughn Awards
1770.3 Series	Casualty Assistance Calls/Funeral Honors Support Program
5350.4 Series	Alcohol and Drug Abuse Prevention and Control
6000.1 Series	Guidance on Pregnant Service Women in the Naval Reserve
5040.6 Series	Command Inspection Program of the Naval Reserve
6110.2 Series	Physical Readiness Program

COMNAVRESREDCOM Region Thirteen Series

1650.3 Series	REDCOM-13 Outstanding Dental Awards
6000.1 Series	Medical Department Procedural Guide
6010.1 Series	Health Services Quality Assurance (QA) Program
6110.1 Series	Physical Readiness Program
6240.1 Series	Treatment of Pseudofolliculitis Barbae (PFB)
6280.1 Series	Medical Waste Instruction

203. CORRESPONDENCE

1. MDRs, E-6 and above, may be granted "by direction" authority by the reserve center commanding officer to sign correspondence relating to medical department functions.

2. It is recommended that all MDRs, including those below the grade of E-6, be authorized to sign Health and Dental Record receipts and transmittals.

204. OTHER ADMINISTRATIVE FUNCTIONS

1. The MDR will ensure the following administrative procedures are carried out:

a. Medical manuals are kept current, with page changes entered and checklists verified when received.

b. Establishment of effective tickler system for:

(1) Annual/periodic physical exams

(2) Recurring reports

(3) Recurring medical procedures

c. Annual Training Duty Billet Availability notices concerning medical personnel are prominently displayed within the medical spaces and the information is brought to the attention of SELRES medical personnel.

205. RECORDS DISPOSAL. Records and correspondence shall be disposed of to comply with reference (e). Additionally, all administrative files are kept for two years and all fiscal records are retained for five years.

CHAPTER III
HEALTH AND DENTAL RECORD MAINTENANCE

Ref: (d) SECNAVINST 5211.5D
(t) NAVMED P-117 (Manual of the Medical Department)

301. **SECURITY AND MAINTENANCE.** Health and dental records are classified "For Official Use Only". Adequate security and custodial care is required in accordance with chapter 16 of reference (t). Minimum custodial care and security requirements have been determined to be a locked file cabinet with a built-in lock, or padlock and hasp over a metal bar. Keys are to be in the custody of the MDR at all times, with additional keys kept in the commanding officer's safe. A health and dental record shall be maintained for each member of the reserve center active staff and for each Selected Reservist attached to units supported by the reserve center. Health and dental record covers shall be neat and legible, and completed per reference (t). All health and dental record entries shall be made in black ink, with the name, grade or rating of the medical officer or MDR typed, printed or stamped under the signature. Component pages and their sequence in the health record are to be maintained per reference (t).

302. **VERIFICATION.** At a minimum, verification of the health and dental records shall be conducted annually. In addition, verification shall be accomplished at the time of reporting and detaching from a duty station, and at the time of physical examinations. Each record should be carefully reviewed in the presence of the member, if possible, and any errors or discrepancies noted should be corrected immediately if possible. Special attention is to be given to ensure the accuracy, completeness and legibility of all identifying data entered on the record jackets and component forms including: name, social security number, rank/rate, designator, date and place of birth, blood group Rh factor; also that all forms are filed in the specified order. Newly acquired marks, scars and tatoos are to be recorded on the SF-88 and dated as of their date of entry and signed by the verifier. Ensure the appropriate year block on the face of the health/dental record jacket is blacked out and a signed and dated entry is recorded on the current SF-600 (Chronological Record of Medical Care) when verification has been completed. Discrepancies for correction shall be noted at this time on the SF-600.

303. **UNIDENTIFIED, LOST, DAMAGED OR DESTROYED RECORDS.** Reference

(t) sets forth procedures to be followed in the case of lost or damaged health records. It is emphasized the MDR must open a

III-1

NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

replacement record within 60 days in the case of a lost record. However, the MDR must make every attempt to locate the original record. They must also enter a synopsis of the circumstances leading to the loss of the original health record and the date the replacement record was established on a SF-600.

304. **PREPARATION OF FORMS.** Chapter 16 of reference (t) provides step-by-step procedures for preparing and making entries on health record forms, and illustrations of properly completed forms. MDRs are expected to have a working knowledge of these requirements.

305. **RELEASE OF INFORMATION.** MDRs shall familiarize themselves and comply with the provisions of reference (d) and Chapter 23 of reference (t), regarding preserving the privacy of information contained in Navy health records. Health record data is considered to be privileged information of a private and confidential nature. No unauthorized disclosures shall be made from an individual's health record.

306. **HEALTH RECORD RECEIPT, FILE AND DISPOSITION.** A Health Record Receipt, File, Chargeout and Disposition Record (NAVMED 6150/7) is to be maintained as proof of delivery or transmittal of health records of transferred, discharged, or deceased members. When a health or dental record has been authorized to be checked out by the MDR, NAVMED form 6150/7 shall be utilized for check-out procedures. The chargeout form shall be retained in the record file until the record is returned. A chargeout guide may be used in conjunction with the chargeout cards and is considered the best method of maintaining chargeout control. A chargeout guide is a plastic folder with pockets. A guide with two pockets is considered to be the most convenient and efficient. One pocket holds the chargeout form card, while the second holds loose forms.

III-2
NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

CHAPTER IV
INSPECTION/VISIT PROGRAM

Ref: (v) COMNAVRESFORINST 5040.6

401. **PURPOSE.** The purpose of an inspection is to realistically evaluate the adequacy with which the medical department executes its prescribed duties and responsibilities in support of the command's assigned mission.

402. **POLICY.** The COMNAVRESFOR Inspection/Visit program delegates responsibility to the Readiness Commander to conduct, as a minimum, a triennial inspection of all reserve activities. Informal visits are conducted during the intervening period. Specific objectives, policy, and guidance regarding the REDCOM 13's inspection/visit program are contained in reference (v).

403. **INSPECTION GUIDE.** The standard COMNAVRESREDCOM Inspection Guide (COMNAVRESREDCOM 5040/1) is utilized for both triennial inspections and assist visits. The guide is designed to be a management tool and training aid for the reserve activity MDR as well as for the inspection team.

404. **GRADING.** A grade of "Satisfactory" or "Unsatisfactory" will be assigned. Organizations determined to be "Unsatisfactory" will be reinspected within a specified time frame established by the Readiness Commander.

405. **SPECIAL INTEREST ITEMS.** All hands will be required to have a general knowledge of the SECNAV and COMNAVRESREDCOM Special Interest Items.

IV-1
NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

CHAPTER V
LINE OF DUTY INVESTIGATIONS

Ref: (b) Manual of the Judge Advocate General (JAGMAN)
(j) OPNAVINST 5102.1C

501. **GENERAL.** Occasionally, reserve center MDRs are called upon to assist the commanding officer in conducting line of duty and misconduct investigations, and in making "line of duty" and "misconduct" determinations.

502. **WHEN DETERMINATIONS ARE REQUIRED.** In each case in which a member of the naval service incurs an injury which might result in a permanent disability or which results in their physical inability to perform duty for a period in excess of 24 hours (as distinguished from a period of hospitalization for evaluation or observation), findings concerning line of duty and misconduct must be made.

503. **LINE OF DUTY**

1. Injuries or diseases incurred by naval personnel while in an IDT, IDTT or AT status will be considered to have been incurred in the "line of duty" except when incurred under one or more of the following circumstances, for which there is clear and convincing evidence:

a. As a result of the member's own misconduct as determined under the regulations contained in reference (b).

b. While avoiding duty by deserting the service.

c. While absent without leave and such absence materially interfered with the performance of required military duties.

d. While confined under sentence of a court-martial which included an unremitted dishonorable discharge.

e. While confined under sentence of a civil court following conviction of an offense which is defined as a felony by the law of the jurisdiction where convicted.

504. **MISCONDUCT.** Misconduct is wrongful conduct. Ordinary

negligence or carelessness does not constitute misconduct. To support an opinion of misconduct, it must be established by clear and convincing evidence, the injury or disease was either intentionally incurred or was the proximate result of such gross negligence as to demonstrate a reckless disregard of the consequences. If a resulting injury or disease is such that it

V-1

NAVRESREDCOMREGTHIRTEENINST 6000.1D

29 Sep 00

could have been reasonably foreseen from the course of one's own conduct, it is said to be a "proximate result."

505. **POSSIBLE FINDINGS/OPINIONS**

1. The three possible combinations of findings are as follows:

a. "In line of duty" and "not due to member's own misconduct."

b. "Not in line of duty" and "not due to member's own misconduct."

c. "Not in line of duty" and "due to member's own misconduct."

506. **ENTRIES IN HEALTH OR DENTAL RECORDS**

1. No fact finding body need be convened and no report need be forwarded to the Judge Advocate General concerning line of duty and misconduct when all of the following conditions exist:

a. In the opinion of the medical officer or the MDR and concurred with by the member's commanding officer that the injury is not likely to result in a permanent disability and was incurred "in line of duty" and "not due to the members own misconduct."

b. A fact finding body (investigation) is not required by NAVJAG and is not otherwise contemplated.

c. The reporting requirements of NAVJAG are fully satisfied by completion of an Injury Report (NAVJAG 5800/15); a health and dental record entry, where no permanent disability may be involved; and a PID MISHAP Report (Report symbol OPNAV 5102-1), has been submitted to the Navy Safety Center, Norfolk, VA per reference (j). (See Article 602.)

V-2
NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00
CHAPTER VI
PHYSICAL DISABILITY

Ref: (a) Title 10 U.S.C.
(c) SECNAVINST 1770.3
(k) OPNAVINST 6110.1E
(m) NAVPERS 15560A (Naval Military Personnel Manual)
(t) NAVMED P-117 (Manual of the Medical Department)

601. **ELIGIBILITY**

1. Per references (a) and (c), a member of the naval service, who becomes injured, contracts a disease, or illness in the line of duty while on annual training (AT), inactive duty training (IDT) or while performing inactive duty training travel (IDTT) is entitled to receive, at government expense, medical, hospital, and other treatment appropriate for that injury, disease, or illness. The treatment shall be continued until the disability resulting from the injury, disease, or illness cannot be materially improved by further treatment, or the member recovers. The treatment may not extend beyond ten (10) weeks after the member is released from active duty, except:

a. Upon the approved recommendation of a Board of Medical Survey consisting of one or more medical officers.

b. Upon authorization of the Surgeon General based on certification from a reputable physician that the injury, disease, or illness is a continuation of one which was contracted while on active duty or during drill period, which will benefit from further treatment. AT for Selected Reservists (SELRES) in this category shall not be modified, terminated or extended. If a Selected Reservist is disabled from an injury "in the line of duty," he is entitled to the same pension, compensation, and hospital benefits provided by law to members of the active naval service. **Disability is defined as the "temporary or permanent unfitness to perform the duties of rank or rate if immediately mobilized."**

602. **INJURY/ILLNESS/DISEASE REPORTING PROCEDURES**

1. At the time of reporting for AT or IDT, all SELRES shall be

instructed to make a prompt report to the commanding officer of any injury or illness incurred/sustained during such periods. The failure to do so and/or failure to cooperate with medical and administrative officials, may be the basis for denial of pay and allowances.

2. Whenever an injury or illness is reported an immediate medical examination shall be conducted. This examination should

VI-1

NAVRESREDCOMREGTHIRTEENINST 6000.1D

29 Sep 00

be performed by a Naval Medical Officer if available, or by a medical officer of any of the uniformed services or the Veterans Administration. In their absence, the services of a civilian physician may be utilized. The commanding officer shall require the following from the examining physician: (see example 6-4)

- a. A detailed description of clinical findings.
- b. An opinion as to whether the condition should be classified as a disease or injury.
- c. An opinion as to whether the condition was incurred or aggravated during a period of active duty or inactive duty training. If the examination is performed by other than a medical officer of the uniformed services, an opinion as to when the condition was incurred.
- d. An opinion as to whether hospitalization is required and the expected period of hospitalization.
- e. Assure the reservist has signed a "one time" Privacy Act Statement (Example 6-2).

3. Whenever an injury, illness, or disease is reported, the commanding officer having cognizance of the member at the time of the report shall in every instance promptly notify COMNAVRESFOR-003 in cases of naval reservists. This Notice of Reported Condition shall be submitted by letter and must contain the following information:

- a. Member's full name, rank/rate/grade, NEC, SSN, organization/unit;
- b. Dependency status of injured reservists;
- c. Date, place, and circumstances of occurrence;
- d. Nature of injury, disease, or illness, and an opinion by a medical officer as to whether the condition is disabling as defined in reference (c);

- e. Admission diagnosis;
- f. Pay entry base date of injured reservists;
- g. Duty status when the disability occurred, and time and date of duty period;
- h. Date, time, place and estimated period of hospitalization, if any;

VI-2

NAVRESREDCOMREGTHIRTEENINST 6000.1D

29 Sep 00

- i. Line of duty determination by CO based on NAVJAG 5800/15;
- j. Point of contact at REDCOM and reserve center (name and phone number);
- k. Medical facility holding member's health record when member is not in a duty status.

4. In the event of a disability (caused by illness, disease, or injury), requiring follow-up care, medical treatment or loss of civilian work regardless of the line of duty status, a letter containing the information listed in paragraph 3, and the appropriate below stated enclosures, shall be submitted to COMNAVRESFOR-N00M with a copy to REDCOM-13 (Code N91). (See example 6-1). The supporting enclosures to the letter will include the following:

- a. A statement from the member as to the circumstances surrounding the injury/illness, with Privacy Act statement;
- b. Statements from any witness(es) who can verify the circumstances of the injury/illness;
- c. Notification of rights regarding disease or injury, Example 6-3;
- d. Report of medical examination at the time of the incident, Example 6-4;
- e. A copy of a certificate of unfitness showing the member's current medical condition, Example 6-5;
- f. Copies of relevant chronological record of medical care, SF 88, 93's and SF 600's;
- g. A copy of orders on which the member was serving at the time of the injury/illness, or muster sheet if on IDTT;
- h. A statement from the CO explaining financial consequences to the member to date, i.e., lost civilian employment, anticipated lost drill time, civilian medical expenses;

i. A statement from the CO as to the reason for delay in submission, if submission is over ten days beyond the date of the injury, illness or disease.

VI-3

NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

603. NOTICE OF ELIGIBILITY (NOE) RECEIPT/FOLLOW-UP

1. NOE shall be adjudicated and issued by COMNAVSURFRESFOR-006 Staff Judge Advocate on receipt of the letter report along with sufficient supportive data to establish eligibility for disability benefits.
2. The NOE for disability benefits is a disbursing document **only**, which establishes a disabled naval reservist's entitlement to pay, allowances and medical care.
3. If disability benefits are denied, ensure that the injured/ill reservist is aware of the right to appeal that denial to the office of the Judge Advocate General via the chain of command.

604. NOE BENEFITS

1. While under an NOE, an injured/ill reservist entitled to incapacitation pay equal to the military pay and allowances for the member's grade and years of service for six months. Medical/dental care appropriate for treatment of physical disability will continue until the resulting disability cannot be materially improved by further hospitalization or treatment. This does not preclude the imperative requirement set by reference (c) that a medical board is to be convened and completed at the 10-12 week period.
2. A member found not physically qualified for military duty must immediately be placed in a VTU and their medical condition must be monitored monthly. A monthly report must be forwarded to COMNAVRESFOR-N00M with a copy to REDCOM (Code N911).

605. NOT PHYSICALLY QUALIFIED (NPQ)/TEMPORARILY NPQ (TNPQ) PROCEDURES

1. Naval reservists are required to meet physical qualifications as set forth in reference (t). They must also comply with physical readiness standards provided in reference (k), which are

separate and distinct from physical qualifications. Every reservist is responsible for notifying their commanding officer of physical problems that may delay or preclude their ability to mobilize. Additionally, if a unit or activity commanding officer receives information from an annual screening or for any reason believes a reservist is NPQ for active duty or retention, he or she shall ensure the member is examined by a medical officer as soon as possible. If the medical officer discovers a potentially disqualifying defect, or if conflicts exist concerning the

VI-4

NAVRESREDCOMREGTHIRTEENINST 6000.1D

29 Sep 00

member's physical qualification, the reserve activity will forward the results of the examination to the Bureau of Medicine and Surgery (MED 25) for determination.

2. Procedures to follow when a medical officer determines an officer or enlisted member is NPQ for retention in the naval reserve are identified below.

a. The medical officer will advise the member's unit and reserve activity that the member is NPQ.

b. The member's service, health, and dental records will remain at the reserve activity.

c. The reserve activity must complete the following actions prior to transferring members to records review.

(1) Enlisted members with less than 6 months remaining on their enlistment shall sign the following NAVPERS 1070/613, Administrative Remarks entry:

"I do/do not consent to be retained in the Naval Reserve beyond the normal date of expiration of enlistment pending resolution of my fitness for duty."

If the member consents to be held beyond the normal expiration of enlistment, the following NAVPERS 1070/613, Administrative Remarks, shall be entered on his or her expiration of service (EOS) date:

"Held beyond normal date of expiration of enlistment pending resolution of physical qualifications. AUTH: MILPERSMAN 1050155 and BUPERSINST 1001.39C"

Members who do not consent to be retained beyond their normal EOS pending resolution of fitness for retention shall be discharged at EOS. The reserve activity may forward the NAVPERS 1070/613 entries by certified mail to NPQ members. Members who fail to respond shall be discharged at EOS.

(2) Officers and enlisted members must be counseled that once they are transferred to VTU their participation is normally limited to completing correspondence courses of retirement point credit while so assigned. It is especially important for members who are nearing but have not yet completed 20 years of qualifying service to recognize the importance of continuing to accrue retirement point credit. A NAVPERS 1070/613 entry documenting

VI-5

NAVRESREDCOMREGTHIRTEENINST 6000.1D

29 Sep 00

that the member has been advised of his or her participation options must be prepared and signed in the case of enlisted members. BUPERS may offer members within sanctuary (at least 18 but fewer than 20 years of qualifying service) additional options for earning retirement eligibility.

(3) Officer and enlisted members must be notified in writing on a NAVPERS 1070/613 (Figure 15-1) that their Servicemen's Group Life Insurance (SGLI) coverage is affected while they are in VTU.

(4) Officer and enlisted members must be counseled that they are required to keep their parent activity informed of their physical status, to report for a physical exam, or to provide appropriate medical information when requested, and that failure to comply with those requirements could result in administrative discharge.

d. Reserve activities will monitor the physical status of their members in records review at least monthly and report status changes to REDCOM 13 (Code N911).

e. As required by reference (t), the reserve activity will forward within 60 days, documentation concerning the member's fitness for retention to Commander, Naval Personnel Command (NPC) (Pers-912 for officers; Pers-913 for enlisted) via Bureau of Medicine and Surgery (BUMED)(MED 25), and REDCOM 13 for medical determination.

f. BUMED (MED 25) will review available information, advise BUPERS (Pers-912/913, as applicable) on member's medical condition and recommend disposition.

g. For officers:

(1) NPC (Pers-912) will assign a Physical Risk Classification (PRC) per MILPERSMAN 1880120 to officers diagnosed as having a physical disability. NPC (Pers-912) will then notify the officer and the reserve activity of the assigned PRC, limitations on reserve participation, options available, and

actions for the officer to take to resolve their status.

(2) If officers elect a PEB, NPC (PERS-911) will forward their records to the PEB via COMNAVRESFOR (N01M). Per SECNAVINST 1770.3, COMNAVRESFOR (N01M) will review the members' eligibility for disability benefits, and issue a Notice of Eligibility (NOE) when appropriate, If COMNAVRESFOR (N01M) does not issue an NOE, but the members believe an NOE should be

VI-6

NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

issued, the members have 30 days to notify COMNAVRESFOR (N01M) and the PEB of their intent to challenge that decision, per SECNAVINST 1770.3.

(3) Officers assigned a PRC 5 will be given the option of retiring (if eligible), resigning their commission, or requesting a Physical Evaluation Board (PEB). Officers who fail to respond to the notification to elect one of the options will be referred to the Mobilization Disposition Board with a recommendation for an honorable discharge from the naval reserve.

(4) If the PEB determines the member is NPQ, BUPERS will normally give the member the option of retiring (if eligible), or resigning his or her commission. If the member is within sanctuary (at least 18 but fewer than 20 years of qualifying service) BUPERS may, depending on the circumstances, allow additional time under very restricted conditions for the member to obtain additional service to qualify for retirement.

(5) If the PEB determines the member is physically qualified, BUPERS (Pers-911) may assign another appropriate PRC and notify the member and command of that action.

h. For enlisted members:

(1) NPC (Pers-913) will review BUMED's recommendation for enlisted members diagnosed as having a physical disability and determine the member's physical status. NPC (Pers-913) will notify individual with copy to REDCOM 13, and REDCOM 13 will then notify the cognizant reserve center.

(2) The reserve center will notify the member in writing per reference (m) that he or she is not fit for retention in the Naval Reserve and that he or she has the option of retiring, if eligible, being discharged, or requesting a PEB review of his or her medical records. During the period 05 October 94 to 30 September 99, members found not fit for retention who have 15, but less than 20 qualifying years of service may be eligible for qualification for early retirement under the Reserve Transition Benefits Program. If a PEB review is requested, the reserve

center will coordinate PEB petitions with the member. If the member is within sanctuary (has between 18 and 20 years of qualifying service), he or she may also have the option of completing the remainder of his or her 20 years of qualifying service by being transferred to USNR-S1. If the member does not reply to the notification within 30 days, he or she may be discharged by reason of being not fit for retention.

VI-7

NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

(3) If the member chooses to have his or her case reviewed by the PEB, and is subsequently determined by the board to be not fit for retention, the member may retire, if eligible, and be discharged per reference (m) or accept options offered by BUPERS (Pers-913) if nearing retirement with pay eligibility.

(4) If the members elect a PEB, appearance before the PEB will be at their expense and no cost to the government.

(5) The member will remain in the VTU unit when petitioning PEB until the PEB has made a final disposition of the member's case.

(6) If the PEB determines the member is physically qualified, he or she may be reassigned in a drilling status.

3. A medical officer may classify a member as temporarily not fit for duty when the member has a medical condition of a minor or temporary nature (i.e., bone fracture, minor surgery, dental class III condition, etc.) that may or may not preclude the member from attending drill. The prognosis for recovery must be greater than one month but less than six months. The following guidelines apply to members who are temporarily not fit for duty:

a. The MDR will prepare a letter to the member, copy to reserve activity and unit commanding officer, notifying the member that he or she is temporarily not fit for duty and is assigned to light duty for drill or non-drilling (excused). The letter will specifically state the nature of the individual's duty restrictions while performing drills.

b. Members will normally be retained in their unit and drill while temporarily not fit for duty.

c. Members may not perform any type of ADT, as defined in Section 1301, or (IDTT) while temporarily not fit for duty. If the member's unit performs IDTT, the member's drills will be rescheduled and not performed as equivalent training.

d. Members may remain temporarily not fit for duty for a

maximum of six months. If it appears the disqualifying factor is of a more permanent nature, the procedures for not fit for duty will be initiated by the MDR and reserve activity.

e. Reserve activities will establish a tickler to monitor temporarily not fit for duty members.

VI-8
NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

606. **PSYCHIATRIC CONDITIONS AND PERSONALITY DISORDERS**

1. Care should be exercised in distinguishing valid psychiatric conditions from personality and behavior disorders. Most psychiatric conditions are considered physically disqualifying and are processed as not fit for duty cases.

2. Personality and behavior disorders which are diagnosed by a medical officer are not to be processed or submitted as not fit for duty cases. These cases must be processed for administrative separation (unsuitability) per reference (m). The following is a partial listing of personality and behavior disorders:

- a. Antisocial personality/behavior
- b. Passive aggressive personality
- c. Passive dependency personality
- d. Inadequate personality
- e. Explosive personality
- f. Dissociative personality
- g. Sexual deviation
- h. Manic depressive personality
- i. Enuresis
- j. Somnambulism

VI-9

NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

EXAMPLE
NOTIFICATION OF ILLNESS/INJURY

1770
Ser
Date

From: _____
To: Commander, Naval Reserve Force (Code 003)

Subj: NOTIFICATION OF ILLNESS/INJURY

Ref: (a) SECNAVINST 1770.3A

Encl: (1) Privacy Act/Notification of Rights
(2) Copy of Orders/Drill Muster Sheet
(3) Medical Documentation from Time of Incident
(4) Chronological Medical Care Documentation
(5) Last Full Physical and Annual Certificate
(6) Statement from Member
(7) Certificate of Fitness/Unfitness
(8) Statement of Witness(es)
(9) Copy of PRT Folder

1. Full name, rate/rank, ssn, command: _____
2. Dependency status: _____
3. Complete home address: _____
4. Date, place, and circumstances of occurrence: _____
5. Nature of injury, disease, or illness, and an opinion as to whether the condition is disabling per ref. (a): _____
6. Admission Diagnosis: _____
7. Pay entry base date: _____
8. Duty status when disability occurred, and time and dates of duty period: _____
9. Date, time, place and estimated period of hospitalization, if any: _____
10. Line of duty determination: _____
11. Point of contact: _____
12. Medical facility holding member's health records when member is not in a duty status: _____

Signature

Copy to: REDCOM 13 (Code N9)

Example 6-1

NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

**EXAMPLE
PRIVACY ACT STATEMENT**

1. **AUTHORITY:** Reservists Disability and Death Benefits, 10 United States Code 618; SECNAVINST 1770.3 series.
2. **PRINCIPAL PURPOSE:** Information is sought for the following principal purpose:

Determination of eligibility for Reservists Disability Benefits based on possible condition of unfitness for duty.
3. **ROUTINE USES:** Statements made in support of an investigation are routinely made available to the Veterans Administration for use in ascertaining eligibility for veterans' benefits and the Serviceman's Group Life Insurance administrators for determination in paying life insurance proceeds, and to the U.S. Department of Justice for use in litigation involving the Government.
3. **VOLUNTARY DISCLOSURE - CONSEQUENCE OF REFUSING TO DISCLOSE:**

Disclosure is voluntary, Not providing the requested information may preclude entitlement to Reservists Disability Benefits.

Date

Signature

Example 6-2

NAVRESREDCOMREGTHIRTEENINST 6000.1C
29 Sep 00

EXAMPLE

NOTIFICATION OF RIGHTS REGARDING DISEASE OR INJURY

To: _____
(Member)

Pursuant to 10 U.S. Code 1219, you are hereby advised that you need not sign any statement relating to the origin of occurrence, or aggravation of a disease or injury incurred by you.

Signature of Investigating Officer

I hereby waive my rights under 10 U.S. Code 1219, as stated above.

Signature of Member and Date

Example 6-3

NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

EXAMPLE

REPORT OF MEDICAL EXAMINATION AT THE TIME OF INCIDENT

Name: _____
Rate/Rank: _____
SSN: _____

1. Detailed description of the clinical findings:

2. Should this condition be classified as a disease or injury?

3. Was this condition incurred or aggravated during a period of active duty for training or inactive duty training (drill)?

4. Is hospitalization required and, if so, estimated duration there of?

5. Will this injury result in the member being physically unfit to perform the normal military duties of his/her rate and, if so the estimated duration thereof?

Medical Officer/Physician Signature

Example 6-4

NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

EXAMPLE
CERTIFICATE OF UNFITNESS

1770
Ser
Date

From: Commanding Officer, _____
To: Commander, Naval Reserve Force (Code 003)

Subj: CERTIFICATE OF UNFITNESS ICO_____

Ref: (a) SECNAVINST 1770.3 series

1. Per reference (a), the subject named member has been examined by a Medical Officer and the following information is submitted:

a. Date of examination: _____

b. (1) _____ The reservist is not physically qualified to perform his/her normal duties.

(2) _____ The reservist is physically qualified for full military duty.

c. Descriptive clinical findings during this exam:

d. Examining Medical Officer: _____

e. Current status of Medical Board (if NPQ for 10 weeks or more): _____

CO's Signature

Address

City, State and Zip

Point of Contact

Telephone Number

Example 6-5

NAVRESREDCOMREGTHIRTEENINST 6000.1D

29 Sep 00

CHAPTER VII

NON-NAVAL MEDICAL/DENTAL CARE

Ref: (p) BUMEDINST 6320.72

701. **GENERAL.** Use of the Non-Naval Healthcare Program has been authorized for active duty personnel within REDCOM 13's jurisdiction. Further guidance concerning this program can be found in reference (p).

702. **MEDICAL EMERGENCIES.** In the case of medical or dental emergencies, personnel may be seen at any time without prior approval from the Military Medical Support Office (MMSO). Follow-up visits must be approved by MMSO. MMSO can refuse to pay claims for charges incurred as a result of follow-up visits that were not given prior approval.

703. **ROUTINE MEDICAL CARE.** Such problems as colds, sore throats, flu, muscle aches, etc., are automatically covered under the command blanket approval authority. All commands more than fifty miles from a military hospital automatically have blanket approval for up to \$500.00 of authorized non-emergency care. Total cost of the initial visit and follow-up appointments shall not exceed \$500.00 without approval of MMSO. Psychological counselling or stress management and chronic medical conditions are not examples of routine care.

704. **FOLLOW-UP MEDICAL CARE.** If a member's physician feels that follow-up care is necessary or refers the member to a specialist the individual, via the MDR, must obtain approval from MMSO prior to the visit. The individual will need to provide the MDR with the following information when requesting the approval:

a. Total estimated cost of the visit broken down into:

(1) Doctor's fee or office charge

- (2) Laboratory costs
- (3) X-ray costs
- (4) Special test charges
- (5) Prescription costs
- (6) Doctor's name, address, and telephone number

b. Appointments may be made while awaiting approval, but be prepared to cancel if approval is not granted.

VII-1
NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

705. INSTRUCTIONS FOR REQUESTING PRIOR APPROVAL OF NON-NAVAL MEDICAL/MATERNITY CARE

1. Prior approval may be granted by telephone or by written request. If written information is required, you will be notified at the time of the phone call.

2. Requests are reviewed on several factors:

- a. Availability of military/federal facilities.
- b. Emergent nature of request.
- c. Potential requirement for a medical board or limited duty board.
- d. Cost-effectiveness of treatment.

3. When prior approval is granted, a control number is given. This number applies to the specific treatment and dollar amount requested. Any change in treatment or dollar amount requested should be reported to MEDDEN Affairs so that a modification can be made. When submitting bills, this control number must be referred to on required submission forms.

a. Written requests should include the information listed in example 7-1-1.

b. Requests for maternity care in civilian medical facilities should be submitted in writing according to the format provided in example 7-1-2. Tubal ligations are not authorized except under very limited conditions. Amniocentesis testing will be approved only when medically indicated by member's physician. Contact MEDDEN Affairs directly for more information.

706. **PRESCRIPTIONS.** No prior approval is required if prescriptions are written during emergency/routine visits. Only initial prescriptions are honored. Reserve Centers near other military installations having a pharmacy should send personnel there first before sending personnel to civilian facilities.

707. **DENTAL EMERGENCIES.** Dental treatment for emergencies is limited to that treatment necessary to relieve pain and/or abort infection. Restorative work is not authorized except to replace a lost filling or fractured tooth with another filling. This includes crowns, which must be prior approved. Emergency care does not need prior approval. Emergency Care does **not** include: follow-up measure such as elective removal of impacted teeth or other elective surgical procedures, bite appliances, prosthetic

VII-2

NAVRESREDCOMREGTHIRTEENINST 6000.1D

29 Sep 00

replacement of removed teeth, implants, orthodontia or inpatient dental procedures. If in doubt as to the nature of the situation, call MMSO.

708. **ROUTINE DENTAL CARE**

1. No prior approval is required for an annual dental check-up by a civilian dentist for eligible personnel stationed at remote duty stations. Those commands with blanket approval are entitled to \$500 per treatment encounter and \$1500 per 12 month period. The \$500 amount includes one regular exam, one teeth cleaning, x-rays, and a fluoride treatment. In addition to the above, the \$500 total amount may include the following: routine silver fillings, resin or composites fillings, and other tooth fillings; root canal, procedures such as pulpotomy or sedative fillings; temporary crowns, and extractions.

a. The following care must have prior approval:

- (1) Porcelain veneers;
- (2) Gold or metal crowns;
- (3) Bridges and implants;
- (4) Temporomandibular Joint Dysfunction (TMJ) Treatments.

b. Failure to obtain prior approval may result in denial of a claim. When submitting for prior approval to MMSO, requests must be made by letter and include a Dental Cost Estimate Form and the Information for Civilian Dentists and Naval Personnel Concerning the Navy Non-Federal Dental Care Program sheets. See exhibit 7-1-3 (with attachments) insuring the following information is provided.

(1) Dental treatment-cost estimate with tooth number, procedure, material, surfaces, and cost for each tooth. Any statement supplied by the dentist may be used if it provides this information.

(2) Current x-rays from civilian dentist.

(3) Copies of pertinent Standard Form 603's from the military dental record.

(4) Information for civilian dentists and naval personnel concerning the Navy Non-Federal Dental Care Program should be initialed by the doctor and patient. See example 7-1-3, attachment (2).

VII-3

NAVRESREDCOMREGTHIRTEENINST 6000.1D

29 Sep 00

709. **SUBMISSION AND PAYMENT OF CLAIMS**

1. In order to be reimbursed for services rendered or payment to civilian sources for treatment received, the following procedural guidance is mandatory.

a. Prepare a Non-Naval Health Care Claim Form (NAVMED 6320/10 rev 6-94)

b. Obtain an itemized statement from the civilian facility where the care was received. Statement that the services and/or supplies were received and considered to be satisfactory is typed on the form, and signed by the member. Include bills for all services.

c. Submit the original and three copies to the MEDDEN Affairs claims processor.

d. Maintain a copy of the complete package in the medical department files and maintain a copy of the medical treatment report in the member's health/dental record.

2. If you are submitting a claim for reimbursement for payment (i.e. prescriptions), the following procedures are mandatory.

a. Prepare a Non-Naval Healthcare Claim form (NAVMED 6320/10).

b. Prepare a Claim For Reimbursement For Expenditures On Official Business (Standard Form 1164) and ensure member signs block 10. Include copies of all proof of payment (canceled check (both sides), bill showing zero balance, credit card receipt showing care was paid for.

c. Submit the original and two copies to the MMSO claims processor.

VII-4

NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

EXAMPLE SHEET
REQUEST FOR NON-NAVAL MEDICAL CARE

From: Commanding Officer,
To: Officer in Charge, Military Medical Support Office
Great Lakes, IL 60088-5200

Subj: REQUEST FOR NON-NAVAL MEDICAL CARE ICO: SSN:

Ref: (a) BUMEDINST 6320.1B

1. As directed in reference (a), it is requested that non-naval medical care indicated below be authorized for subject named member.

2. The above named member is on active duty. The following information is submitted:

a. Projected rotation date:_____

b. Expiration of active obligated service:_____

c. MEDREP telephone number:_____

d. Patient's work/home telephone numbers:_____

e. The nearest federal/military treatment facility is:

(1) (Name of Facility) a distance of _____ miles.

(2) Reason why it can't be used:_____

- f. Total cost of treatment requested: _____
(Itemize below by provider, condition/diagnosis, and cost)

<u>Cost</u>	<u>Provider</u>	<u>Condition/Diagnosis</u>
-------------	-----------------	----------------------------

- g. Remarks: _____

Signature

Example 7-1-1

NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

**EXAMPLE SHEET
REQUEST FOR NON-NAVAL MATERNITY CARE**

From: Commanding Officer,
To: Officer in Charge, Military Medical Support Office
Great Lakes, IL 60088-5200

Subj: REQUEST FOR NON-NAVAL MATERNITY CARE ICO: SSN:

Ref: (a) BUMEDINST 6320.1A

1. As directed in reference (a), it is requested that non-naval maternity care be authorized for subject named member.

2. The following cost estimates are submitted.

- | | |
|-------------------------------|-------|
| a. Prenatal Care (Doctor) | _____ |
| b. Delivery (Doctor) | _____ |
| c. Delivery (Hospital) | _____ |
| d. Caesarean Section (Doctor) | _____ |
| e. Lab tests | _____ |
| f. Amniocentesis | _____ |
| g. Ultrasound | _____ |
| h. Semi-private room | _____ |
| i. OB treatment room | _____ |
| j. Pharmacy/Vitamins | _____ |
| k. Other costs | _____ |
| l. TOTAL COSTS OF TREATMENT | _____ |

3. The subject named member is on active duty.

- a. Expected delivery date _____
b. Expiration of Active Obligated Service (EAOS) _____

- c. Projected Rotation Date (PRD) _____
4. MEDREP's telephone number: _____
5. Patient's work/home telephone numbers: _____
6. The nearest federal/military treatment facility is:
_____ a distance of _____ miles.
(Name of Facility)
7. Remarks: _____

Signature

Example 7-1-2

NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

EXAMPLE SHEET

REQUEST FOR PRIOR APPROVAL FOR NON-NAVAL DENTAL CARE

From: Commanding Officer,
To: Officer in Charge, Military Medical Support Office
PO Box 886999, Great Lakes, IL 60088-6999

Subj: REQUEST FOR NON-NAVAL DENTAL CARE ICO: SSN:

Ref: (a) BUMEDINST 6320.1A

Encl: (1) Dental Treatment Cost Estimate with current X-rays
(2) Initialed Non-naval Dental Care Information Sheet
(3) Copies of SF 603's from the military dental record

1. As directed in reference (a), it is requested that non-naval dental care indicated by enclosures (1) through (3) be authorized for subject named member.

2. The above named member is on active duty. The following information is submitted:

- a. Total cost of treatment requested:
- b. Date reported this command:
- c. Projected rotation date:
- d. Expiration of active obligated service:
- e. MEDREP telephone number:
- f. Patient's work/home telephone numbers:

g. The nearest federal/military dental treatment facility is: (Name of Facility) a distance of ____ miles.

h. Remarks:

Signature

Example 7-1-3

NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

**EXAMPLE SHEET
REQUEST FOR NON-NAVAL DENTAL
SERVICES WITH INSTRUCTION SHEET**

DENTAL TREATMENT--COST ESTIMATE

From: (Name of Dentist/Address)

Subj: ITEM COST ESTIMATE OF DENTAL TREATMENT REQUIRED BY:
(NAME OF PATIENT)

1. It is recommended that the subject named individual receive dental treatment as indicated below:

ITEM	TOOTH NO.	OPERATION OR TREATMENT (i.e., MOD AM, X-RAYS, etc.)	ESTIMATED COST
------	-----------	--	----------------

1.

2.

3.

4.

5.

6.

7.

8.

9.

TOTAL ESTIMATED COST: _____

REMARKS:

(Signature of Dentist)

(Telephone No.)

Example 7-1-3 Attachment (1)

NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

**EXAMPLE SHEET
INFORMATION FOR CIVILIAN DENTISTS AND NAVAL PERSONNEL
CONCERNING THE NAVY NONFEDERAL DENTAL CARE PROGRAM**

1. **The Navy Nonfederal Dental Care Program** is specifically designated to provide emergency and routine dental care for active duty Navy and Marine Corps personnel assigned to duty stations more than 50 miles from a military or other federal dental treatment facility.
2. **The program's purpose** is to maintain a serviceable dental capability so that military members may perform their duties. Routine operative, endodontic, periodontic, and surgical procedures as well as prosthetic treatment required to restore extensive loss of function are covered. Not covered are such desirable but nonessential treatment as crowns, posterior bridgework, elective replacement of restorations, extractions of asymptomatic impacted teeth and the like. Requests for treatment, therefore, are evaluated conservatively.
3. **Pre-authorization** by Naval authority **is required** for virtually all treatment except emergency treatment to relieve pain and abort infection and a routine **annual** examination with x-rays, prophylaxis (teeth cleaning) and fluoride treatment. Unauthorized treatment will result in the denial of the claim with subsequent liability of the member of any costs incurred.
4. **Procedures** for obtaining prior authorization and submitting claims are available from the local medical department representative.
5. **The participating civilian dentist** will be required to fill

out special forms for the pre-authorization and provide statements (bills) with specific information on treatment and costs.

6. If any questions arise regarding treatment covered, authorization or status of claims, your local naval medical department representative can obtain information promptly by calling the Naval Office of Medical/Dental Affairs.

7. This information sheet provides a brief general explanation of the Nonfederal Dental Care Program and is not all inclusive. Medical department representatives have access to detailed instructions and will provide proper procedures and forms for participation in the program.

Initials:

Dentist

Patient

Example 7-1-3 Attachment (2)

NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

CHAPTER VIII

ACTIVE DUTY EMERGENCY CIVILIAN HOSPITALIZATION

Ref: (g) OPNAVINST 1770.1
(h) OPNAVINST 4630.9C
(i) NAVMEDCOMINST 5360.1

801. **GENERAL**

1. In cases where an active duty service member has been hospitalized in a local civilian medical facility in an isolated area, appropriate Naval Medical Center or Hospital having primary medical cognizance will be assigned. In some cases, the Naval or Marine Corps activity nearest the place of hospitalization is assigned medical liaison duties (second cognizance) concerning the case by the hospital having primary cognizance.

2. MMSO Affairs will maintain overall medical cognizance over all active duty Navy and Marine Corps personnel admitted to non-naval medical facilities. MMSO will assign medical cognizance (MEDCOG) by message, for case management to the naval hospital closest to the place of non-naval hospitalization.

3. Naval hospitals may request that Navy and Marine Corps activities closest to the non-naval medical facility assume secondary MEDCOG. Cognizant Navy and Marine Corps activities will accept this responsibility as part of their mission.

4. Naval and Marine Corps activities having secondary MEDCOG will send a weekly message to the Naval Hospital updating information on patients undergoing treatment in civilian,

Veterans Administration (VA), and other service medical treatment facilities. This message should include as a minimum the items listed in section 802 below and inform the member's command, BUMED, NAVPERSCOM, NAVRESREDCOM, and the appropriate regional Personnel Support Detachment (PSD).

5. Naval activities learning of a member who is hospitalized in a non-naval medical treatment facility in their area will immediately send a message to MMSO, the member's command, BUMED, NAVPERSCOM, NAVRESREDCOM, and the appropriate PSD.

6. Contact MMSO before authorizing non-emergency civilian hospitalization. If a local physician wishes to admit a member, get authorization first before referring a member to inpatient services.

VIII-1

NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

802. **REPORTING INSTRUCTIONS**

1. As a minimum, the following information shall be submitted immediately by message to the appropriate medical command having the primary medical cognizance:

a. Name, Rank/Rate, SSN, Duty Station, Status at time of hospitalization;

b. Name of admitting hospital and information phone number;

c. Name and phone number of social worker (if long term VA care or civilian/rehab care);

d. Medical diagnosis ICD9-CM Code;

e. Date of admission. Patient condition and prognosis;

f. Name and phone number of attending physician;

g. Name, address and phone number of NOK and whether NOK has been notified, or reason if not notified;

h. If patient is able to be transferred;

803. **PROGRESS REPORTS.** In addition to the initial visit to personnel in an inpatient status the MDR is required to make at least a weekly follow-up visit and maintain contact with patient and attending physician. Weekly progress reports shall be forwarded to the appropriate Naval Hospital, a copy of all

messages including weekly follow-up reports, shall be forwarded to the REDCOM 13 (Code N911).

804. **MEDICAL EVACUATION**

1. The Medical Department Representative (MDR) must be aware of and knowledgeable in the world-wide aero-medical evacuation system. Reference (h) provides basic information regarding the patient medevac system.

2. The Medical Treatment Facilities Patient Regulation Offices will provide essential information regarding the movement of military patients from civilian medical facilities to federal medical treatment facilities. The MDR must be able to assist in arranging for the transfer of military patients from their local area to a federal facility.

VIII-2

NAVRESREDCOMREGTHIRTEENINST 6000.1D

29 Sep 00

805. **DECEDENT AFFAIRS**

1. The MDR may be called upon to assist the Casualty Assistance Calls/Funeral Honors Support (CAC/FHS) Program coordinator and the commanding officer in administering the Decedent Affairs and Casualty Assistance Calls (CACO) Programs. Accordingly, the MDR should also be familiar with personnel casualty reporting requirements contained in references (g) and (n).

VIII-3

NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

CHAPTER IX
PHYSICAL EXAMINATIONS

Ref: (k) OPNAVINST 6110.1D
(l) BUPERSINST 1001.39A
(m) NAVPERS 15560A (Naval Military Personnel Manual)
(t) NAVMED P-117 (Manual of the Medical Department)

901. **GENERAL**

1. The MDR shall assist Medical Officers in performing physical examinations by providing:

a. Clerical support for scheduling physical examinations using a the RSTARS Medical Module Program.

b. Technical assistance in conducting portions of the physical examination.

c. Technical review of completed examinations to ensure all required data is entered accurately and legibly on the SF-88 and SF-93, and the certification statement and signature of the MDR is entered in item 73 of the SF-88.

d. Administrative support to ensure forms are properly signed and filed in each member's health record as prescribed by chapter 16 of reference (t).

2. The examination is conducted in accordance with chapter 15 of reference (t). The MDR reviews previous examination records and reports to the examining physician those physical deficiencies which are noted on the member's SF-88 and SF-93 or which were reported by the member between physical examination intervals.

3. Per references (l) and (t), failure to report for a physical examination or provide required documentation to determine physical qualification for retention in the Naval Reserve shall be included under criteria for unsatisfactory participation as outlined in reference (m).

a. Discharge proceedings shall not be initiated until 30 days after second notice has been given to the members. See example 9-1 and 9-2.

b. Commands processing members for unsatisfactory retention package participation by reason of the above, will forward for enlisted to Commander, Naval Personnel Command (Pers-913) and officers to Pers-912 with copy to REDCOM 13.

IX-1

NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

902. **PHYSICAL EXAM PERIODICITY.** Reference (t) outlines current routine physical exam requirements for all active duty and reserve members. Listed below is the current physical exam periodicity:

- a. Upon enlistment or commissioning to active duty.
- b. At intervals of 5 years through age 50.
- c. At intervals of 2 years through age 60.
- d. Annually for members 60 years of age and older.
- e. Personnel assigned to flight duty will receive annual physical exams.
- f. Members involved in special duties or circumstances requiring more frequent physical exams shall comply with applicable current directives for correct periodicity.
- g. Promotion physical exams are no longer required. Physical qualification will be based on the member's most recent physical examination, physical fitness to perform the duties of the grade for which eligible, and the ability to perform all designated duties.
- h. Retirement physical exams may be scheduled up to six

months in advance of the individual's retirement date.

903. PHYSICAL EXAMINATIONS INCIDENT TO ANNUAL TRAINING (AT)

1. Reservists who have contracted a disease or suffered injury requiring hospitalization or treatment by a physician since their last physical examination or last certification of physical condition shall have the history reviewed by a medical officer, and a physical examination conducted. Additional consultation should be obtained, if required. If an outside consultation is required, the member is to have the attending physician provide a narrative summary or abstract of treatment to the medical officer for review.

2. The RSTARS Medical Module requires recording of the most recent complete physical examination/certification. To ensure the timeliness and accuracy of this entry, transmit personnel data weekly from the RSTARS Medical Module to the RSTARS Manpower Machine indicating the name of the examinee and date of examination.

IX-2

NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

904. HEALTH AND PHYSICAL READINESS PROGRAM. The Physical Fitness Assessment (PFA) Coordinator is responsible for screening medical records for all full time staff and SELRES prior to the semi-annual PFA. The Date of Examination block in part A of the OPNAV 6110/2 will be completed and the Date of Next Required Exam block computed by the MDR. Part A of PFA folders for members who are qualified to participate in the PFA may be annotated and signed by the MDR. If a member is not physically qualified to participate in the PFA, they are to be referred to a medical officer or other authorized health care provider as defined in reference (k) for evaluation.

905. OPHTHALMIC SERVICES. Members of the Naval reserve who are on active duty for training for periods of 15 days or more are authorized repair and/or replacement of spectacles at no expense to the individual when it is ascertained that during this AT period the spectacles were not damaged or lost through negligence on the part of the individual. Visual analysis (refractions) for members of the reserve components on active duty for less than 30 days is not provided. Ophthalmic services for active duty and retired personnel of the uniformed services may be provided by the nearest medical facility of any of the uniformed services (Army, Navy, Air Force, USPHS).

IX-3

NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

EXAMPLE SHEET
OVERDUE PHYSICAL EXAMINATION

6120
Date

CERTIFIED MAIL # P-

From: Commanding Officer,
To: Member's Name, SSN, Unit

Subj: NOTIFICATION OF ANNUAL PHYSICAL EXAMINATION

Ref: (a) BUPERSINST 1001.39
(b) NAVMED P-117, Manual of the Medical Department

1. Per references (a) and (b), a reservist that is a member of a drilling unit must undergo a physical examination annually.
2. A review of your health record indicates that you are due for a physical examination. You are directed to report to this facility during your next drill for a () complete () short form physical examination.
3. Knowing that failure to meet the physical exam requirements

can jeopardize your ability to serve. Please, consider this notice as our effort to keep you medically ready for mobilization and Reserve participation.

4. This is your first notice for compliance with physical exam requirements.

Signature

Commanding Officer

Copy to:
(CO of Member's Unit)

Example 9-1

NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

**EXAMPLE SHEET
OVERDUE PHYSICAL EXAMINATION, SECOND NOTICE**

6120
Date

CERTIFIED MAIL # P-

From: Commanding Officer,
To: Member's Name, SSN, Unit

Subj: NOTIFICATION OF ANNUAL PHYSICAL EXAMINATION

Ref: (a) BUPERSINST 1001.39
(b) NAVMED P-117, Manual of the Medical Department
(c) Our ltr 6000 Ser _____ of (date)

1. Per references (a) and (b), a naval reservist that is a member of a drilling unit must undergo a physical examination annually.

2. Reference (c) directed that you report to the medical department for that physical examination. To date this has not been documented as accomplished. This examination is essential to determine your physical fitness for retention in the Naval Reserve.

3. Knowing that failure to meet these physical exam requirements in the next 30 days can jeopardize your ability to serve. Please, consider this notice as our effort to keep you medically ready for mobilization and Reserve participation.

4. This is your second and final notice for compliance with physical exam requirements.

Commanding Officer Signature

Copy to:
(CO of Member's Unit)

Example 9-2

NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

CHAPTER X IMMUNIZATIONS

Ref: (o) NAVMEDCOMINST 6230.3
(t) NAVMED P-117 (Manual of the Medical Department)

1001. **GENERAL.** Active duty and naval reserve personnel are required to receive immunizations in accordance with references (o) and (t).

1002. **RESPONSIBILITY.** Commanding officers are responsible for ensuring all military and authorized non-military personnel under their cognizance receive required immunizations and that appropriate records of such immunizations are maintained.

X-1
NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

CHAPTER XI
SANITATION AND HABITABILITY

Ref: (i) OPNAVINST 5100.23C
(u) NAVMED P-5010 (Manual of Naval Preventive Medicine)

1101. **GENERAL.** The MDR is responsible for making an informal weekly sanitation/habitability inspection of the reserve center. A formal inspection is conducted on a monthly basis and a written report is to be submitted to the commanding officer citing the discrepancies noted and recommendations for corrective action. Example 11-1 is a sample of an inspection report that can be used by the MDR.

1102. **GUIDANCE.** Preventive measures shall be taken to control insects, pests, and rodents per reference (u). Assistance may also be obtained from regional preventive medicine units located at naval hospitals and other military sources.

1103. **INSPECTION SCOPE**

1. The following areas/items should conform to prescribed standards of cleanliness and repair and will be included on the inspection itinerary:

- a. Sinks and showers
 - b. Commodes and urinals
 - c. Coffee messes
 - d. Food service spaces
 - e. Vending machines
 - f. Refrigerators
 - g. Ovens and ranges
 - h. Drinking fountains
2. Refuse/trash collection and disposal procedures are monitored to ensure the following:
- a. Exterior grounds free of liter
 - b. Dumpsters and/or trash receptacles are maintained on concrete platforms.

XI-1

NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

- c. Dumpsters/trash receptacle doors and lids are in good repair.
- d. Frequency of refuse collection is satisfactory.
- e. Garbage receptacles are washed after they are emptied.
- f. Food and beverages are delivered and served at the proper temperatures.

XI-2
NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

EXAMPLE SHEET
MONTHLY SANITATION INSPECTION REPORT

MEMORANDUM

DATE: _____

From: Medical Department Representative
To: Commanding Officer

Subj: MONTHLY SANITATION INSPECTION REPORT

Ref: (a) COMNAVRESREDCOMREGTHIRTEENINST 6000.1D
(b) Manual of Preventive Medicine P-5010

1. Per reference (a), a monthly sanitation inspection of the reserve center was conducted utilizing standards set forth in reference (b). Discrepancies are as follows:

	SAT	UNSAT
(a) Sinks and Showers	_____	_____
(b) Commodes and Urinals	_____	_____
(c) Coffee Messes	_____	_____

- (d) Food Service Spaces _____
- (e) Vending Machines _____
- (f) Refrigerators _____
- (g) Ovens and Ranges (including Microwaves) _____
- (h) Drinking Fountains _____
- (i) Exterior grounds are free of litter _____
- (j) Dumpsters and trash receptacle doors are _____
in good repair and closed.
- (k) Frequency of refuse collection is _____
satisfactory

2. Recommendations are as follows:

Respectfully Submitted,

I. M. GOOD HM2

Example 11-1

NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

CHAPTER XII
MOBILIZATION

Ref: (1) BUPERSINST 1001.39C

1201. **GENERAL.** In the event of mobilization or recall of naval reserve members in the time of war or other national emergency, MDRs will prepare to assist in the expeditious processing of assigned SELRES and reserve units. The MDR must be thoroughly familiar with reference (1) and the reserve center's Logistic Support and Mobilization Plan (LSMP) which delineates premobilization/mobilization tasks. To facilitate mobilization process and minimize delay, it is imperative the required physical examinations and immunizations be kept current and health and dental records reflect complete and accurate information at all times.

XII-1

NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

CHAPTER XIII
TRAINING

Ref: (f) OPNAVINST 1500.22D

1301. **MEDICAL LECTURES.** The MDR is responsible for ensuring medical lectures are incorporated into the reserve center general military training schedule. Reference (f) directs that the following lectures be conducted at least annually:

- a. First Aid/Self Aid;
- b. Medical Aspects of NBC Warfare;
- c. TRICARE Benefits;
- d. Emergency Medical care at civilian facilities;
- e. Personal Hygiene;
- f. Venereal disease control and prevention;

g. Cardio-Pulmonary Resuscitation (CPR) Basic Life Support Techniques.

1302. **IN-SERVICE TRAINING**

1. The MDR will establish and conduct in-service training classes and provide on-the-job training for naval reserve hospital corpsman. The following in-service classes and OJT training shall be provided as a minimum:

- a. Sick call and emergency medical procedures;
- b. Health record maintenance;
- c. General medical administration;
- d. Medical supply procedures and the Navy Supply System;

2. In addition the MDR will:

- a. Ensure necessary training films and official correspondence course materials are available to support a medical training program.
- b. Assist reserve hospital corpsman in satisfying PAR requirements.

XIII-1

NAVRESREDCOMREGTHIRTEENINST 6000.1D
29 Sep 00

c. Maintain adequate records of training utilizing the report of training (COMNAVRESFOR 3500/2) to document courses given to medical department personnel.

d. Ensure the NAVEDTRA 10061 series is available as reference material.

XIII-2
NAVRESREDCOMREGTHIRTEEN 6000.1D
29 Sep 00

CHAPTER XIV
TRICARE

Ref: (a) Title 10 U.S.C.
(W) CFR-R 199.17

1401. **GENERAL.** Per reference (a), TRICARE is a comprehensive Department of Defense (DOD) medical program for active duty and family members of all military services, designed to expand access to care, maintain quality of care, control medical costs for patients and taxpayers alike, and improve medical readiness. By sharing the resource of Navy, Army and Air Force medical facilities and using contracted civilian care to supplement military hospitals and clinics, TRICARE ensures efficient use of DOD health care dollars. This ensures maximum nationwide availability to care for all beneficiaries.

1402. **TRICARE OPTIONS**

1. TRICARE Prime is similar to a civilian health maintenance

organization. All active duty members will be enrolled in Prime and will continue to receive most of their care from military medical personnel. Family members may also enroll in Prime. Each person who enrolls in Prime has a military or civilian primary care manager who provides non-emergency routine medical care and authorizes referrals to specialty care. For active duty families, there is no enrollment fee for Prime. Cost shares are less than under the other two options.

2. TRICARE Extra members do not enroll and retain their freedom to choose any provider. However, if an authorized provider is used, this option offers a 5% discount from the TRICARE Standard cost shares. Physicians and specialists can be chosen from throughout the community. For choosing health care providers within the TRICARE network, the government will pay a larger share of the cost.

3. TRICARE Standard is the new name for the traditional standard CHAMPUS. In this option, individuals decline enrollment and continue to pay current CHAMPUS deductibles and cost shares and abide by current CHAMPUS rules. This is the most expensive option; however, you are not restricted to a specific network of civilian doctors or specialists. You may still seek care at a military facility on a space available basis.

4. Active duty personnel at commands more than fifty miles from a military hospital can use **TRICARE Remote**. You will have to call the TRICARE Office for your particular TRICARE Region to get approval.

XIV-1

NAVRESREDCOMREGTHIRTEENINST 6000.1D

29 Sep 00

1403. **PARTICIPATING AND NONPARTICIPATING PROVIDERS**

1. "Participating Provider" is an institution (e.g., hospital), individual (e.g., physician), or supplier of medical/dental services or supplies (e.g., an ambulance) that agrees to accept TRICARE determined reasonable cost/charge (allowable charge) for their services. The allowable charge is the prevailing charge based on an average charge submitted by participating providers on an annual basis. Participating providers will complete Health Insurance Claim Form and submit their bill for services directly to TRICARE. The beneficiary is responsible for paying only the deductible/cost share portion of the allowable charge.

2. "Nonparticipating providers" do not always limit their cost to the allowable charge for their services, nor will they complete the Health Insurance Claim Form. They must be paid directly by the patient. Patients using non-participating providers must request reimbursement directly from TRICARE using the Health Insurance Claim Form. Instructions on the claim form

should be carefully followed as improper entries or incomplete entries or incomplete blocks will delay claim processing. Separate claim forms must be submitted on each patient (e.g., two family members are being treated by the same physician at the same time for the flu, each patient will submit a separate claim form.)

3. Occasionally, one or more of the following forms may be required to be submitted with the Health Insurance Claim Form to provide authorization for the particular service to keep the contractor apprised of the treatment status:

- a. Non-availability Statement (DD Form 1251)
- b. Previous Explanation of Benefits if deductible was paid through another claims processor or if you have met any part of that fiscal year's deductible.
- c. Daily Nursing Notes for Private Nursing Services
- d. Fully itemized bills with explanation of medical requirements (e.g., supplies, equipment, services, etc.).
- e. Statement from another insurance company if your family is carried on another insurance plan.
- f. DD form 2527 if medical bill was due to an accident.
- g. Doctor's prescription for medical supplies spelling out the type of equipment needed and why and how long you need it.

XIV-2

NAVRESREDCOMREGTHIRTEENINST 6000.1D

29 Sep 00

3. All claims, together with any supporting documents, must be submitted to the appropriate TRICARE contractor not later than one year from the date services were received.

XIV-3